

# California Board of Behavioral Sciences

## **LICENSED CLINICAL SOCIAL WORKER WRITTEN CLINICAL VIGNETTE EXAMINATION CANDIDATE HANDBOOK**



**For Examinations April 1, 2004 and Later**

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## FOR MORE INFORMATION

All questions about written examination scheduling  
should be directed to:

**Experior**  
**1260 Energy Lane**  
**St. Paul, MN 55108**  
**TDD User: 800.790.3926**  
**Voice: 800.897.2046**

Questions about examination content or licensing  
should be directed to:

**Board of Behavioral Sciences**  
**400 R Street, Suite 3150**  
**Sacramento, CA 95814-6240**  
**916.445.4933**  
**Web site: [www.bbs.ca.gov](http://www.bbs.ca.gov)**

## GENERAL GUIDELINES AND INFORMATION

This handbook provides candidates with important information regarding the California Licensed Clinical Social Worker (LCSW) Written Clinical Vignette examination. This handbook is designed to provide candidates with the opportunity to develop an understanding of the examination process and format, and to familiarize candidates with what to expect during the examination.

The Board of Behavioral Sciences (BBS) strongly recommends that candidates study each section carefully in advance of the examination to contribute to a successful examination experience.

### Objective of the BBS

State licensing boards are mandated to protect the public by developing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written or oral examination or both examinations. An applicant who passes the initial “Standard Written” examination is subsequently required to take and pass the Written “Clinical Vignette” examination prior to issuance of the license. The BBS does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. This scope of practice is defined in Business and Professions Code Section 4996.9, which states, “...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.”

### LCSW Examination Plan

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in 1998. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the

knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs’ Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 1998 for the LCSW profession, the analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task and knowledge area associated with their own practice.

The questionnaires were mailed to 2,100 LCSWs throughout California. Several panels of LCSWs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LCSW examination plan.

The LCSW Written Clinical Vignette examination plan consists of the content areas listed on Page 8. In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

The Written Clinical Vignette examination is directly related to clinical practice situations. Therefore, supervised clinical experience increases the likelihood of success in the examination. The types of clients and the overall presentation of the clinical situations and issues in the clinical vignettes are consistent with mainstream practice for entry-level LCSWs.

### Examination Development

The LCSW examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations.

Currently practicing LCSWs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). The clinical vignettes and multiple-choice items associated with each clinical vignette are developed and verified by multiple panels of SMEs.

SMEs are trained in established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LCSW profession, the OER and the BBS are necessary to achieve

both the measurement and content standards for examination construction.

### **Establishing the Passing Standards**

The LCSW written examinations measure knowledge and skills required for LCSW practice, and represent a standard of performance that LCSW SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Written Clinical Vignette examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual behaviors that qualified LCSWs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of LCSW SMEs also consider other factors that would contribute to minimum competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the BBS applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new version of the examination is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

## **THE EXAMINATION PROCESS**

### **Examination Administration through Experior**

The State of California has contracted with Experior Assessments, LLC (Experior®) of St. Paul, Minn., to administer its examination program. LCSW candidates may test at any of Experior's eight California testing centers, which are located in San Diego, San Francisco, Fresno, Fremont, Rancho Cordova, Van Nuys, Cerritos and Colton. Other testing site locations may be added, based on anticipated statewide candidate volume.

All questions and requests for information about examination administration should be directed to:

Experior  
1260 Energy Lane  
St. Paul, MN 55108  
Voice: 800.897.2046  
TDD User: 800.790.3926

### **Scheduling the Examination**

#### **APPOINTMENTS AND CANCELLATIONS**

Upon receipt of your notice of eligibility (printed on the back cover of this handbook), you must arrange the time and place for taking your Written Clinical Vignette examination (original or retake) by calling 800.897.2046 between 5 a.m. and 6 p.m. Pacific time, Monday through Friday. You may take your examination at any California Experior testing center. Please see the maps on Pages 17 and 18. Appointments are available six days per week at most centers. Schedule your test early to get your preferred site and time, preferably within 90 days from the date of your notice of eligibility.

If you miss or are late for your appointment, you will forfeit your examination fee. If you need to change your appointment between the time of scheduling and the test date, you must contact Experior **three full working days** before your scheduled date to allow time to refill your appointment slot. Your scheduled date does not count as a working day. For example, if you are scheduled on a Thursday, you must call to reschedule by closing (6 p.m.) the prior Friday. After that time, you must contact the BBS for instructions on rescheduling. You may reschedule your examination by calling Experior at 800.897.2046.

#### **EXAMINATION ELIGIBILITY EXPIRATION**

**FIRST TIME EXAMINEES:** Examination eligibility expires and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.

**RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

#### **EMERGENCY CLOSURE**

In the event of an emergency, Experior may need to cancel scheduled examinations. In this situation, Experior personnel will attempt to contact you via telephone; however, you may confirm your scheduled test by calling Experior at 800.897.2046. If a site is closed, exams will be rescheduled at your earliest convenience, at no cost to you. To reschedule your examination, call the toll-free number.

## **Taking the Examination**

Your examination will be given by computer at an Experior testing center. You should arrive at least 15 minutes before your scheduled appointment to allow time for you to sign in, verify your identification and have your photo taken. You will have a minimum of 1½ hours (90 minutes) to take the examination. The time may increase to 2 hours for future examination versions as pre-test items are added (see Page 4). The BBS Web site will provide the most up-to-date information regarding examination length.

You do not need any computer experience or typing skills. You will have a personalized introduction to the testing system and an introductory lesson (tutorial) on the computer before you start your test. The time you spend in the tutorial does not count toward the time provided for your examination.

You must provide a valid form of identification before you may test. Your identification must meet the following criteria:

- be government-issued (driver's license, state-issued identification card or military identification);
- have a current photo and your signature; and
- reflect the same name as the name used to register for the examination (including designations such as "Jr." or "III," etc.).

FAILURE TO PROVIDE APPROPRIATE IDENTIFICATION AT THE TIME OF THE EXAMINATION IS CONSIDERED A MISSED APPOINTMENT.

If you cannot provide the identification as listed above, contact Experior before scheduling your appointment to arrange for an alternative form of meeting this requirement.

If you reported a name change to the BBS after your eligibility was transmitted to Experior, ensure the name on your identification matches Experior's record prior to your examination.

Should you experience any disruption or difficulty during your examination, it is your responsibility to notify a proctor immediately so that the situation may be resolved whenever possible.

## **Examination Security**

### **BBS SECURITY REQUIREMENTS**

All examinations and related materials are copyrighted by the BBS and Experior. All examination materials are confidential. The BBS and the OER are committed to maintaining the security and the confidentiality of all examination materials during every phase of development, implementation and storage. The BBS strictly enforces examination security and will prosecute any individual who has been determined to be in violation of statutes pertaining to security.

Prior to receiving your notice of eligibility for the Standard Written examination, you were required to sign a security notice. When you signed this notice, you affirmed that you fully understand you are responsible for upholding examination security in accordance with Business and Professions Code Sections 123 and 584. A person found to be in violation is liable for damages sustained by the BBS in an amount not to exceed \$10,000 plus the costs of litigation. In addition, the BBS may deny, suspend, revoke, or otherwise restrict the license of an applicant or licensee.

Business and Professions Code Sections 123 and 584 state that a candidate is prohibited from engaging in any behavior that subverts or attempts to subvert a licensing examination or the administration of an examination. Conduct that subverts or attempts to subvert a licensing examination is defined as the unauthorized use of examination materials. This includes:

- removal of examination materials from the examination room;
- reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination materials; and
- possession of books, equipment, notes, written or printer materials, or data during the examination.

Prohibited conduct also includes:

- impersonating another candidate or having another person take the examination on one's behalf;
- communicating with other candidates during the examination;
- permitting one's answers to be copied by another candidate;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials; or
- obstructing the administration of the examination in any way.

### **EXPERIOR SECURITY PROCEDURES**

Experior reserves the right to videotape any examination session. In addition, the following security procedures will apply during the examination:

- examination contents are confidential and proprietary; no cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room;
- no programmable calculators are permitted;
- no guests, visitors or family members are allowed in the testing or reception areas; and

- no valuables or weapons should be brought to the testing center. Only keys and wallets may be taken into the testing area, and Exporior is not responsible for items left in the reception area.

## Special Test Considerations

### ACCESSIBILITY

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

### EXAMINATION ACCOMMODATIONS

The BBS and Exporior recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodation.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

### HOW TO REQUEST ACCOMMODATIONS

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a “Request for Accommodation” package. This package is available by contacting the BBS or online at [www.bbs.ca.gov/bbsforms.htm](http://www.bbs.ca.gov/bbsforms.htm). Do not call Exporior to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

## Study Materials and Courses

The LCSW Written Clinical Vignette Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the BBS’s Web site at [www.bbs.ca.gov](http://www.bbs.ca.gov).

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar

with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have upon your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone. Examination preparation providers are regulated by the Bureau for Private, Post-Secondary and Vocational Education.

## Examination Items

The LCSW Written Clinical Vignette examination consists of 4 to 6 clinical vignettes with 4 to 6 multiple-choice questions associated with each vignette, for a total of 30 multiple-choice items.

The examination may contain additional items for the purpose of pre-testing (up to 10 non-scoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test (“experimental”) items, distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you.

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, and have been evaluated to ensure statistical performance standards are met.

The multiple-choice items evaluate candidate knowledge, skills, and abilities in the following content areas: Bio-Psychosocial Assessment; Developing a Diagnostic Impression; Planning for Intervention and Therapy; Clinical Case Management; Providing Therapeutic Interventions; Legal Requirements and Ethical Standards; and Human Diversity as it impacts the therapeutic process.

The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The main differences between a clinical vignette item and a standard multiple choice item found on the LCSW Standard Written examination is that a clinical vignette may contain a series of items related to the same vignette, and the possible answers are longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

Due to limitations of the computer screen size, candidates will view the vignette separately from the question and possible answers by pressing an “Exhibit” button. Candidates will receive a tutorial and the opportunity to ask for assistance if needed before the time on the examination begins and during the examination.

### EXAMPLE CLINICAL VIGNETTE

To follow is an example of the format and structure of items you may encounter during the examination. The following “Exhibit (Vignette)” item is an example of the type of clinical vignettes candidates may encounter in the examination.

This clinical vignette has two corresponding multiple-choice items. Each multiple-choice item requires the examinee to select the correct answer from among the four options (A-D) provided.

There is only one correct answer for each multiple-choice item. The ‘incorrect’ answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no ‘trick’ questions in the examination.

### EXHIBIT (Vignette)

Daniel, age 38, is referred by his minister. Daniel has been married sixteen years and has two children. Recently, he found out that his wife has been having an affair for the past four months. He complains that he has difficulty sleeping at night and concentrating at work. He also complains that he has been getting into arguments with everyone. He states, “She told me she doesn't love me anymore and plans to take my children and move in with that guy. I will never allow this. The children belong to me and no other man is going to raise them. How do you think I can stop her from taking my kids away?”

#### 1. What diagnoses should be considered in the case in the accompanying EXHIBIT?

- A. V code Occupational problem  
V code Partner relational problem  
V code Religious or spiritual problem  
Adjustment disorder w/mixed anxiety and depressed mood
- B. Major depression  
Depressive disorder NOS  
V Code Partner relational problem  
Adjustment disorder w/mixed anxiety and depressed mood
- C. Primary insomnia  
Depressive disorder NOS  
V code Religious or spiritual problem  
Adjustment disorder w/mixed anxiety and depressed mood

- D. Anxiety disorder  
Major depression  
Depressive disorder NOS  
Adjustment disorder w/mixed anxiety and depressed mood

#### 2. What are the initial goals of treatment in the case in the accompanying EXHIBIT?

- A. Referral for couples counseling  
Referral for psychiatric medication  
Reduction of depressive symptoms  
Monitor for potential danger to self and others
- B. Reduce marital conflict  
Reduction of symptoms  
Referral for religious counseling  
Monitor for potential need for Tarasoff warning
- C. Reduce marital conflict  
Reduction of symptoms  
Referral for psychiatric medication  
Monitor for potential danger to self and others
- D. Referral for legal consultation  
Referral for psychiatric medication  
Normalize dissolution of relationship  
Monitor for potential danger to self and others

\*Correct Answers: 1-B, 2-D

## Understanding the Examination Results

At the end of your test, one of two things will happen.

1. You will receive a notice acknowledging your participation in the examination, and a score report by mail.

The delay in processing results is necessary to ensure fairness to candidates who take the examination. Most of the clinical vignettes have not been pretested because the examination is newly constructed.

Exporior will report your results directly to the BBS. To ensure validity, a statistical analysis of a certain number of completed examinations is required. Once the minimum number of completed examinations is met, it will take approximately two weeks for the analysis to be performed, the passing score validated, and the results to be mailed to candidates.

Your examination results are confidential and for your protection, will only be released to the BBS and to you in writing.

**OR**

2. A pass or fail result will be shown on the screen and you will receive a printed score report.

Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

## IF YOU FAIL THE EXAMINATION

The score report will indicate the candidate's overall score and result, including the number of questions answered correctly. It also provides an indication of how the candidate performed on each major section of the test. This is intended to guide candidates in areas requiring additional preparation for re-testing.

A raw score is reported, but candidates may determine the percentage achieved by dividing the number of questions answered correctly by the total number of scoreable questions in the examination. A sample breakdown is provided on the paper licensing Examination Score Report shown below.

License Examination Score Report for Sample, Sarah A.		
California Licensed Clinical Social Worker Written Clinical Vignette Examination		
	Number of Questions	Number Correct
Total Test Score	30	16
	<u>Area(s) Deficient</u>	
Bio-Psychosocial Assessment		
Developing a Diagnostic Impression		
Planning for Intervention and Therapy		*
Clinical Case Management		
Therapeutic Interventions		*
Legal Requirements & Ethical Standards		*
	Score: 16	
	Result: Fail	

To determine the percentage achieved in the above sample, divide 16 by 30 ( $16 \div 30 = 53.3\%$ ). **Human diversity** is measured throughout the exam and is not represented as a specific area on the score report. The content areas associated with **legal** and **ethical** are merged for the score report.

Recall that the exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

Candidates may call or write to Experior to request a duplicate of the score report for a period of one year after completing the examination.

The BBS welcomes constructive feedback from candidates regarding their examination experience. Feedback must be submitted in writing within 30 days after the examination to:

Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA, 95814-6240. All correspondence should include the candidate's name, address, daytime telephone number, name of examination and date taken, examination site and BBS file number.

## Examination Administration Complaints

Experior's goal is to provide a comfortable and professional testing experience for every examinee. If a disruption or problem occurs, which you believe will substantially impact the outcome of your examination, you must document your concerns on the exit survey at the end of your examination. It is suggested that such events also be documented on a Candidate Comment Form available at all test centers.

The Candidate Comment Form is self-addressed to the Department of Consumer Affairs OER and will be forwarded to the BBS. Complete all information requested on the Candidate Comment Form, stamp it and mail it. If you request to be contacted regarding your comments, the BBS will contact you within 15 days of receiving the form.

The Candidate Comment Form is also a means for examinees to provide constructive feedback regarding your examination experience and/or comment on examination content.

## Re-examination

Candidates who fail are eligible to re-take this examination. A Request for Re-Examination form will be provided with result notices at Experior testing centers, or may be obtained by contacting the BBS. A Request for Re-Examination form will be mailed to candidates with delayed score reports.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 160 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

## Abandonment of Application/Ineligibility

**FIRST TIME EXAMINEES:** Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one (1) year after being notified of eligibility." Abandonment of an application requires the candidate to submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

**RE-EXAMINATION APPLICANTS:** Business and Professions Code Section 4996.4 states, "An applicant who fails any written or oral examination may, within one year from the notification date of failure, retake that examination as regularly scheduled,



without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required.

Applicants failing to appear for re-examination, once having been scheduled, shall forfeit any re-examination fees paid.”

## AFTER PASSING THE EXAMINATION

### Request for Initial License Issuance

Candidates are eligible to apply for licensure after passing the Written Clinical Vignette examination!

To apply, candidates must submit a Request for Initial License Issuance and the required fee to the BBS. Request for Initial License Issuance forms are provided with candidate result notices, are also available by contacting the BBS, and online at [www.bbs.ca.gov](http://www.bbs.ca.gov). A Request for Initial License Issuance form will be mailed to candidates with delayed score reports.

When your license number is issued it will be available on the BBS’s Web site. Your license certificate will be mailed within 30 working days of issuance.

### Instructions for Determining Amount of Initial License Fee

The amount of the initial license fee will be prorated and established according to the month of issuance (month fee received by the BBS) and expiration date of the license (candidate’s birth month).

Please refer to the Fee Chart to determine the amount you should submit with your Request for LCSW Initial License Issuance.

**Example 1:** If your birth month is March and the BBS receives your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$100.00. Your license would be valid for approximately 24 months.

**Example 2:** If your birth month is April and the BBS receives your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$54.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one year after notification by the BBS of successful completion of the examination requirements.

## LCSW INITIAL LICENSE FEE CHART

→ Month Fee Received by Board of Behavioral Sciences →

↓Birth Month↓	January	February	March	April	May	June	July	August	September	October	November	December
January	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58
February	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62
March	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67
April	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71
May	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75
June	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79
July	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83
August	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87
September	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92
October	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96
November	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100
December	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54

**LICENSED CLINICAL SOCIAL WORKER**  
**Written Clinical Vignette Examination Outline**  
**Effective April 2004 to present**

<b>Content Areas</b>
<b>I. Bio-Psychosocial Assessment</b>
<b>II. Human Diversity*</b>
<b>III. Developing a Diagnostic Impression</b>
<b>IV. Planning for Intervention and Therapy</b>
<b>V. Clinical Case Management</b>
<b>VI. Providing Therapeutic Interventions</b>
<b>VII. Legal Requirements for Clinical Practice*</b>
<b>VIII. Ethical Standards for Professional Conduct*</b>

\*The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted. Human diversity is measured throughout the exam and is not represented as a specific area on the score report. The content areas associated with ethics and legal are merged on the score report.

**LCSW Written Clinical Vignette Examination Plan**  
**Effective April 2004 to present**

The following pages contain detailed information regarding examination content. A DEFINITION and DESCRIPTION of each content area, and the associated task and knowledge statements are provided.

The DEFINITION provides a general description of what the questions pertaining to that content area are designed to assess.

The DESCRIPTION provides a summary of the key components that may be presented to the candidate, specific to the vignette.

It is important for candidates to use this section as a study guide because each item in the Written Clinical Vignette examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

## I. BIO-PSYCHOSOCIAL ASSESSMENT

**Definition:** This area assesses the candidate's ability to identify and assess the impact of biological, psychological, social, environmental and risk factors on the client in his/her situation.

**Description:** The candidate identifies the interactions of the biological, psychological, and social factors, and assesses and evaluates risk factors related to client functioning.

### TASKS

- Gather information regarding client's level of emotional distress to determine impact on the person in the situation.
- Gather information regarding social history to determine how patterns of behavior manifest in different life settings.
- Assess client's coping mechanisms by identifying patterns of reactions and responses to life stressors.
- Identify psychiatric and physical symptom or characteristics to determine need for medical referral.
- Assess for suicidal potential by evaluating client's intent, means, and history to determine need for immediate intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention.
- Evaluate self-destructive and/or self-injurious behavior to determine need for immediate intervention.
- Evaluate client for grave disability to determine need for immediate intervention.

### KNOWLEDGE OF:

- Behavioral and psychological indicators of emotional distress in assessing client's psychosocial functioning.
- The relationship between social support and adaptive functioning.
- The interrelationship between client's behavior in social environments and behavior in other areas of client's life.
- The use of collateral sources to obtain relevant clinical information.
- Physiological indicators of psychological distress in assessing client's adaptive functioning.
- The relationship between medical conditions and psychosocial functioning.
- Methods for assessing adaptive and maladaptive coping mechanisms in dealing with life stressors.
- Risk factors that indicate high potential for suicide within age, gender, and cultural groups.
- Techniques for providing suicide interventions in emergency situations.
- Risk factors that indicate client's potential for causing harm to others.
- Physical and psychological indications of self-destructive and/or self-injurious behavior.
- Intervention strategies to reduce incidence of self-destructive/self-injurious behavior.
- Legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.

## II. HUMAN DIVERSITY

**Definition:** This area assesses the candidate's ability to evaluate the effects of human diversity factors on the client's social functioning, values, beliefs, identity and family dynamics. This area also assesses the candidate's ability to integrate human diversity factors into the process of therapy.

**Description:** The candidate identifies information regarding the client's life experiences such as race, ethnicity, culture, country of origin, age, gender, religion, sexual orientation, marital status, disability, and other issues of diversity. The candidate also evaluates how relevant diversity issues influence the therapeutic process.

### TASKS

- Gather information regarding client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status and level of ability.
- Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.
- Identify nature of parent-child relationships by evaluating family structure within client's cultural identity.
- Identify differences in multigenerational acculturation to determine source of value conflicts between family members.
- Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status or level of ability to provide responsive treatment.

### KNOWLEDGE OF:

- Transitional crises created by immigration and acculturation.
- The effects of racism and discrimination on development of self-concept.
- The effect of gender role expectations and stereotypes on the individual over the life span.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations.
- The impact of cultural factors on ways client seeks assistance for psychosocial problems.
- The effect of language differences on the therapeutic process.
- The benefits of the use of community support systems and resources available to different cultural groups.
- The impact of cultural views regarding family structure and values.
- The effect of differences in multigenerational acculturation on family structure and values.
- Techniques for establishing a therapeutic framework with diverse populations.

### III. DEVELOPING A DIAGNOSTIC IMPRESSION

**Definition:** This area assesses the candidate's ability to use assessment information to consider differential diagnoses.

**Description:** The candidate uses assessment information, defines the problem, develops a clinical understanding, and identifies the specific information and methods necessary to formulate a diagnosis.

#### TASKS

- Integrate assessment information to determine depth and breadth of impairment in adaptive functioning.
- Integrate assessment information regarding client's symptoms and functioning to consider differential diagnoses.
- Develop a problem statement by evaluating problems, behaviors, and stressors to clarify the focal point of treatment.
- Develop a clinical diagnosis or problem formulation to provide basis for interventions.

#### KNOWLEDGE OF:

- Methods for integrating assessment information to identify areas and level of impairment in client's functioning.
- The relationship between onset of signs and symptoms and duration of the problem.
- The defining characteristics of symptoms that indicate provisional diagnosis(es).
- Methods for prioritizing symptoms to determine target areas for improving functioning.
- Methods for differentiating between disorders that share common symptoms.
- The clinical process of developing a diagnosis or problem description to clarify therapeutic issues.

#### IV. PLANNING FOR INTERVENTION AND THERAPY

**Definition:** This area assesses the candidate's ability to develop a treatment plan based on assessment and diagnostic information. In the treatment plan, the candidate prioritizes interventions and develops strategies to monitor effects of collateral support systems, monitor progress toward outcomes and plan for termination.

**Description:** The candidate develops a treatment plan that includes a definition of the problem, goals and objectives, and treatment modalities relevant to phases of therapy.

##### TASKS

- Utilize assessment and diagnostic information to formulate intervention plan that addresses the problem areas(s).
- Prioritize needs and services client should receive to develop a course for intervention in addressing issues.
- Develop mutually agreed upon treatment goals based on assessment and diagnostic information.
- Develop concrete objectives to facilitate goals.

##### KNOWLEDGE OF:

- The components of a treatment or service plan for each phase of the therapeutic process.
- Methods for determining the timing of interventions according to phase of therapy.
- Techniques for determining compatibility of treatment modalities with specific problems or disorders.
- Methods for determining service priorities by evaluating level of impairment in areas of client functioning.
- Client characteristics that effect client adaptation in different therapeutic modalities or treatment settings.
- Strategies for determining therapeutic goals to direct treatment.
- Methods for developing short- and long-term treatment objectives to address therapeutic problems.
- Methods for determining length of therapy based on diagnosis and client's goals for treatment.

## V. CLINICAL CASE MANAGEMENT

**Definition:** This area assesses the candidate's ability to evaluate, with the client, the need for community resources and support services.

**Description:** The candidate collaborates with the client and others to identify and coordinate resources, and empowers the client to promote self-determination and self-reliance.

### TASKS

- Coordinate linkages with support systems to assist clients with disabling condition to improve social functioning.
- Assist planning team in the development of an individual treatment plan for clients with special needs.
- Advocate for protective placement to assist client to escape dangerous environment.
- Demonstrate methods client can use to advocate for self to increase self-reliance.
- Collaborate with other professionals as part of an interdisciplinary team by providing psychosocial information related to client's needs.

### KNOWLEDGE OF:

- Techniques to re-engage noncompliant client in treatment.
- The relationship between different levels of care and the selection of specialized mental health resources.
- Methods for assessing activities of daily living to determine client's ability to provide self-care.
- The components of individual treatment plans to provide for clients with special needs.
- The concept of advocacy in acting in a professional capacity to link client with needed resources.
- Methods for demonstrating self-advocacy techniques to client.
- The dynamics of working across disciplines in developing comprehensive and integrated treatment.

## VI. PROVIDING THERAPEUTIC INTERVENTIONS

**Definition:** This area assesses the candidate's ability to provide a range of clinical interventions specific to client needs.

**Description:** The candidate selects interventions based on assessment, diagnosis and treatment plan, and recognizes the impact of interventions on the therapeutic relationship and the process of therapy.

### TASKS

- Develop a stabilization plan with client in crisis to prevent further decompensation.
- Provide counseling to survivor of abuse to deal with impact of experience on client's life.
- Implement counseling techniques with client to deal with issues or emotions underlying aggressive behavior.
- Develop conflict management skills clients can implement to reach suitable resolutions in disputes.
- Identify family structure to clarify roles and boundaries of the family unit.
- Mediate conflict regarding parenting styles to effect consistency in child's environment.
- Select age-appropriate interventions to facilitate child's understanding of the problem.
- Establish therapeutic alliance to assist client engagement in therapy.

### KNOWLEDGE OF:

- Crisis intervention techniques to provide immediate assistance to traumatized client.
- Counseling techniques to assist client in crisis to regain emotional balance.
- Methods for assessing maladaptive functioning in interpersonal relationships.
- Counseling techniques to assist survivor of assault to work through feelings associated with the experience.
- Therapeutic techniques to decrease violent or aggressive behavior.
- Techniques for teaching conflict resolution and problem-solving skills with clients.
- Techniques to assist client to develop individual roles and identities within the couple relationship.
- Techniques to identify and clarify roles and expectations in blended family structures.
- The effect of conflicting or inconsistent parenting styles on child's level of functioning.
- The relationship between level of functioning and normative developmental stages of childhood.
- Age-appropriate therapeutic techniques for eliciting and dealing with issues with children.
- Techniques to convey interest, concern, and mutuality within therapeutic context.
- Techniques to promote client engagement in therapeutic process.



## VII. LEGAL REQUIREMENTS FOR CLINICAL PRACTICE

**Definition:** This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.

**Description:** The candidate applies knowledge of legal obligations such as scope of practice, privileged communication, confidentiality, reporting requirements, involuntary hospitalization, professional misconduct and other legal obligations.

### TASKS

- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.
- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.
- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.
- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.
- Evaluate client's level of danger to self or others to initiate protective involuntary hospitalization.

### KNOWLEDGE OF:

- Laws regarding sexual contact between therapist and client and other sexual misconduct by therapist.
- Laws that define the boundaries and scope of clinical practice.
- Laws regarding privileged communication to protect client's rights and privacy.
- The limits of confidentiality within the therapeutic framework.
- Reporting requirements regarding client's intent to harm others.
- Mandatory and discretionary reporting requirements regarding situations of suspected or known abuse.
- Legal criteria for determining situations requiring involuntary hospitalization.

## VIII. ETHICAL STANDARDS FOR PROFESSIONAL CONDUCT

**Definition:** This area assesses the candidate's ability to recognize and apply ethical standards to clinical practice.

**Description:** The candidate applies knowledge of ethical responsibilities including conflict of interest, boundaries, dual relationships, confidentiality, and scope of competence. The candidate also recognizes when to obtain consultation from other professionals.

### TASKS

- Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.
- Identify dual/personal relationship issues that impact the therapeutic relationship.
- Implement policies and therapeutic procedures that enhance client's self-determination by providing services regardless of client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation or level of ability.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.
- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations, contact, and conduct.

### KNOWLEDGE OF:

- Limitations of professional experience, education, and training to determine issues outside therapeutic competence.
- Therapist issues and conflicts that interfere with the therapeutic process.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- Criteria for determining competency to practice.
- Ethical standards for providing services regardless of client cultural and social diversity.
- Ethical responsibility to provide client with information regarding therapeutic process and services.

# CALIFORNIA TESTING CENTERS

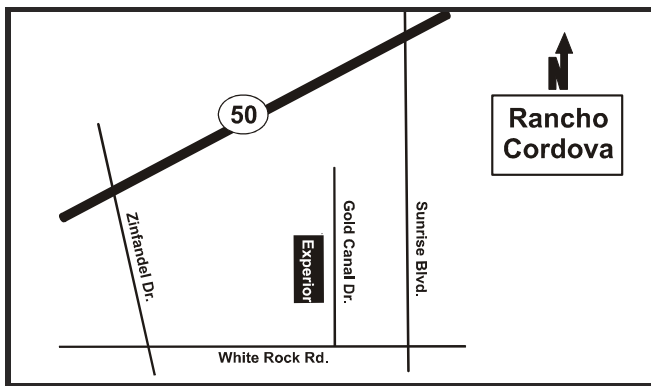
If you are unfamiliar with the area, please contact the testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Experior at 800.897.2046

**MAPS ARE NOT DRAWN TO SCALE.**

## Rancho Cordova Center

3110 Gold Canal Drive, Suite E  
Rancho Cordova, CA 95670  
Phone: 916.851.8340

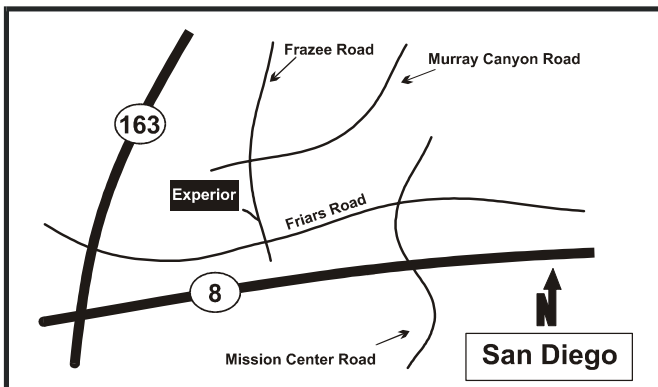
From Hwy 50, take either the Sunrise Blvd. or Zinfandel Dr. exit and head south. Turn on White Rock Rd. and turn again onto Gold Canal Dr. The Experior testing center is on your left. Turn into the first driveway on your left to park in front of the building. Additional parking is available around the building.



## San Diego Center

1450 Frazee Road, Suite 410  
San Diego, CA 92108  
Phone: 619.574.1840

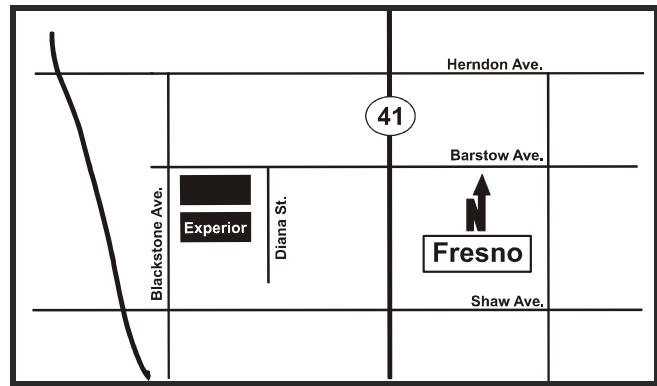
From Highway 163, take the Friars Road exit east to Frazee Road. Turn left (north) on Frazee Road. The Experior testing center is in the building on your left. Parking is available all around the building.



## Fresno Center

125 E. Barstow Avenue, Suite 136  
Fresno, CA 93710  
Phone: 559.226.3334

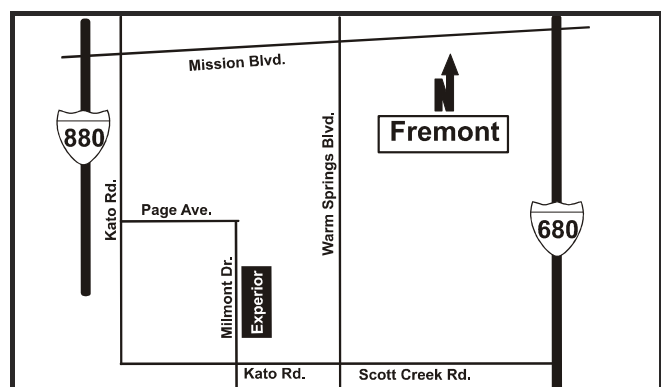
From Hwy 41, exit west on Shaw; turn right (north) on Blackstone. From northbound I-99, exit east on Shaw; turn left (north) on Blackstone. Turn right (east) on Barstow. At 125 E. Barstow, turn right on Diana, and then right into the parking area. The Experior testing center is located in the second building from Barstow. Parking is available around the building.



## Fremont Center

48860 Milmont Drive, Suite 103C  
Fremont, CA 94538  
Phone: 510.687.0821

From I-880, take the Mission Blvd exit and head east; turn right (south) on Warm Springs Blvd, right again on Kato Rd and right again on Milmont Dr. From I-680, take the Scott Creek Rd exit and head west; Scott Creek Rd becomes Kato Rd; turn right on Milmont Dr. The Experior testing center is on your right. Parking is available around the building.



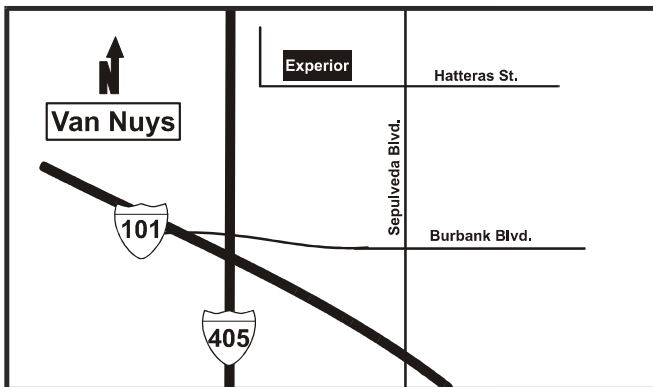
## CALIFORNIA TESTING CENTERS (cont.)

**Note: Maps are not drawn to scale.**

### Van Nuys Center

John Laing Holmes Building  
5805 Sepulveda Blvd., Suite 601  
Van Nuys, CA 91411  
Phone: 818.781.9981

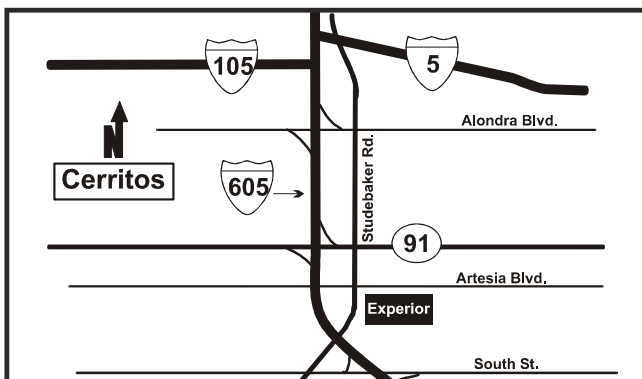
From I-405, take the Burbank Blvd exit and head east; turn left (north) on Sepulveda Blvd. The Experior testing center is located at the intersection of Sepulveda and Hatteras. Paid parking is available in the lot; free parking may be available on the street.



### Cerritos Center

Caremore Building  
18000 Studebaker Road, Suite 680  
Cerritos, CA 90703  
Phone: 562.860.1748

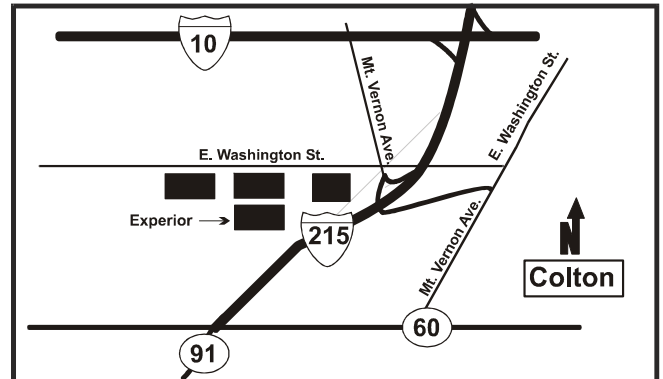
From I-605 south, take the Alondra Blvd exit, turn left (east) on Alondra Blvd and right (south) on Studebaker. From I-605 north, take the South Street exit; turn left (west) on South St. and right on Studebaker. Parking is available around the building.



### Colton Center

Rancho Las Palomas  
1060 E. Washington Street, Suite 110  
Colton, CA 92324  
Phone: 909.783.2255

From I-215, take the Mt. Vernon Ave. exit; head west on E. Washington. The Experior testing center will be on your left, in the 2-story Rancho Las Palomas building behind Del Taco. Parking is available around the building.



### San Francisco Area Center

222 Kearny Street, Suite 603  
San Francisco, CA 94108  
Phone: 415.834.1357

**From I-80** heading south, take the Fremont Street exit and turn left. At the first intersection, turn left onto Howard Street. Turn right onto 3rd Street, which becomes Kearny Street. Experior is on the right-hand side of the road.

**From I-80** heading north, take the 4th Street exit toward Embarcadero. Turn a slight left onto Bryant Street, then left onto 3rd Street. 3rd Street becomes Kearny Street. Experior is on the right-hand side of the road.

Parking is available nearby. Please be prepared to pay for your parking. The nearest BART location is at the intersection of Montgomery Street and Market Street. The building is also accessible by MUNI.

